



REQUEST FOR ELECTRICAL INSPECTION,  
TRAINING OR PLAN REVIEW  
SBD-10822 (N.07/06)

SAFETY & BUILDINGS  
PO BOX 7162  
MADISON WI 53707-7162

Safety & Buildings Division  
Bureau of Integrated Services

NOTE: Personal information you provide may be used  
for secondary purposes  
[Privacy Law s. 15.04(1)(m), Stats.]

Transaction ID: \_\_\_\_\_  
Assigned To: \_\_\_\_\_  
Requested Date: \_\_\_\_\_

**This form shall be utilized to request electrical inspection, training or plan review.  
A separate application is required for each request. Identify your request:**

**Object Information**

- ( ) Inspection of Electrical Service  
( ) Over 600 Volts  
( ) Inspection of Electrical Distribution System  
( ) Plan Review of Electrical Service  
( ) Plan Review of Electrical Distribution System  
( ) Training
- \_\_\_\_\_
- ( ) Service Inspection Verification Needed  
( ) Project Completion Verification Needed

**Occupancy Type**

- Major Use – Check Use with  
the Greatest Floor Area  
( ) A Assembly  
( ) B Business/Office  
( ) E Educational  
( ) F Factory/Industrial  
( ) H Hazardous  
( ) I Institutional/Daycare/CBRF  
( ) M Mercantile/Retail  
( ) R Residential  
( ) S Storage  
( ) U Utility/Misc/Agricultural

- Additional Non-Accessory  
Occupancies – Circle All that  
Apply )  
A1 A2 A3 A4 A5  
B  
E  
F1 F2  
H1 H2 H3 H4 H5  
I1 I2 I3 I4  
M  
R1 R2 R3 R4  
S1 S2  
U

**Owner Information (Customer 1)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Information – Fill in all known information**

Project/Site Name \_\_\_\_\_  
Tenant name or building designation \_\_\_\_\_  
Previous Tenant Name \_\_\_\_\_  
Number & Street \_\_\_\_\_  
City ( ) Village ( ) Town ( ) of \_\_\_\_\_  
County \_\_\_\_\_

**Installer Information (Customer 2)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
\_\_\_\_\_  
Customer ID # \_\_\_\_\_ (optional) (Master Electrician or  
Journeyman)

**Electrical Utility (Customer 3)**

NOTE: The verification form for a service will be sent to Customer 3. The verification  
statement for the project will be sent to the billing payee.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
\_\_\_\_\_  
☐ Electric Service Provider ☐ Designer

**Scope of Work:** Please state in detail the work to be performed. Attach any  
additional information such as plans or specifications. (The project description should  
give the details for the basic elements of the electrical service and power distribution system. The details may take  
the form of site and floor plans, electrical equipment sizes and specifications, and electrical riser and distribution  
drawings. If you are requesting plan review, please submit floor plans, a riser and one-line diagram, specifications,  
and panel schedules. If you are requesting training, please state the proposed topic and requested date. The  
department will attempt to accommodate your training request and proposed topic.)

**Make checks payable to Dept of  
Commerce and include with this  
application. (Please circle the below  
applicable fee.)**

Inspections - \$100 minimum fee  
Total fee calculated per Comm 2.04-2

Training – minimum fee is \$100 per  
hour x estimated training hours

Plan Review - \$60 minimum fee  
Total fee calculated per Comm 2.04-(1).

Submit minimum fee with application.  
Total amount due \$ \_\_\_\_\_  
Revenue Code 7657